

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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2021 APR 27 AM 10:35

Edwin Maldonado

Write the full name of each plaintiff.

No. \_\_\_\_\_

(To be filled out by Clerk's Office)

-against-

First name unknown  
Officer John Gunsett (Reception Area Worker)  
Sergeant First name unknown (J-Block Sergeant)  
First name unknown  
Jane Medbury (Dep. of Mental Health)

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: 8th Amendment

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Edwin

First Name

Middle Initial

Maldonado

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Attica Corr. Inst.

Current Place of Detention

Attica Corr. FAC.

Box 149

Attica, N.Y.

14011-0149

Institutional Address

Attica

County, City

N.Y.

State

14011-0149

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

|              |  |                  |            |
|--------------|--|------------------|------------|
| Defendant 1: | ( <sup>unknown</sup><br>John)                        | Gunsett          | unknown    |
|              | First Name   | Last Name        | Shield #   |
|              | Reception Area Officer                               |                  |            |
|              | Current Job Title (or other identifying information) |                  |            |
|              | Reception Area Green Haven Corr. Fac.                |                  |            |
|              | Current Work Address                                 |                  |            |
|              | P.O. Box 4000  | Stormville, N.Y. | 12582-4000 |
|              | County, City   | State            | Zip Code   |
| Defendant 2: | ( <sup>John</sup><br>unknown)                        | Rome             | unknown    |
|              | First Name   | Last Name        | Shield #   |
|              | Sergeant J-Black (Green Haven)                       |                  |            |
|              | Current Job Title (or other identifying information) |                  |            |
|              | Green Haven Corr. Fac.                               |                  |            |
|              | Current Work Address                                 |                  |            |
|              | P.O. Box 4000  | Stormville, N.Y. | 12582-4000 |
|              | County, City   | State            | Zip Code   |
| Defendant 3: | ( <sup>Jane</sup><br>unknown)                        | Medbury          | unknown    |
|              | First Name   | Last Name        | Shield #   |
|              | Current Job Title (or other identifying information) |                  |            |
|              | Current Work Address                                 |                  |            |
|              | County, City   | State            | Zip Code   |
| Defendant 4: |  |                  |            |
|              | First Name   | Last Name        | Shield #   |
|              | Current Job Title (or other identifying information) |                  |            |
|              | Current Work Address                                 |                  |            |
|              | County, City   | State            | Zip Code   |

## V. STATEMENT OF CLAIM

Place(s) of occurrence:

Green Haven Corr. Fac. / C/D. Yard / Disciplinary Office / J-Block Cell 10C.

Date(s) of occurrence:

Month of May, 2018 / June 17<sup>th</sup> June 18<sup>th</sup> 2018

## FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

In the Month of May 2018, I was placed on the Draft, After numerous of letter to the Administration, and Dep. Medbury stating I feared for my life, Because of Officer Gunsett who works in Green Haven Corr. Fac. Reception Area. Assaulted me in the last time I was incarcerated at Green Haven 2005. In the Month of May, After being placed on the Draft, I was taken off the Draft, and then, threaten by Gunsett, Sergeant Rowe My cell was burnt, while I was in recreation. Then an inmate Attack me with a weapon upon returning back to J-Block, after being told my cell was burnt. I was transferred to A-Block, My property was sent to Reception Area, and my property was stolen, officers told inmates I was a snitch. On June 17<sup>th</sup> 2018, I was attacked by a Mentally ill inmate from I.C.P., Then Pepper sprayed by C.O.'s and beaten up. On June 18, 2018, I was placed in Disciplinary officer cage with Mentally ill inmate who Attack me previous Day, and ordered to Fight the inmate by officers again. I was then pepper sprayed beaten by correctional officers sent to J-Block.

NOTE: In the Month of May 2018 Sergeant Rowe continue to make me pull down my pants and underwear, show him myself while in J-Block for a search, he stated, then offer me drugs to stay quiet. I've submitted complaints to Prea, and told numerous

Staff members who interviewed me about the incidents. In the year of 2005 Officer Gunsett physically assaulted and sexually assaulted me in Green Haven, SHU shower.

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Sustained injuries to Head, Face, chest, arms, legs lacerations, along with swollen, neck injuries, extrem back pain, Mental and emotional injuries that consist of nightly nightmares, causing loss of sleep that lead to daily psychiatrist Medication for past 3-years until present.

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

\$ 1,000,000 (One Million) compensatory,  
\$ 1,000,000 (One Million) punitive

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

April 21, 2021

Dated

Edwin Maldonado

Plaintiff's Signature

Edwin

First Name

Middle Initial

Last Name

Attica Corr. Fac.

Prison Address

Box 149

Attica

N.Y.

1401-0149

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_



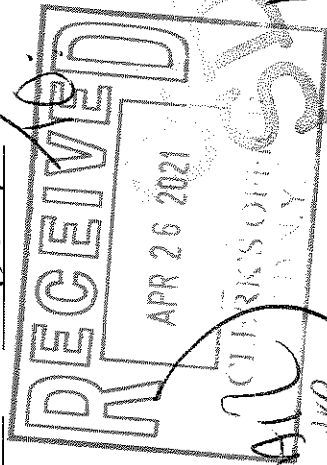
ATTICA CORRECTIONAL FACILITY

BOX 149

ATTICA, NEW YORK 14011-0149

NAME: Edwin Maldonado

DIN: 0296040



(Legal Mail)  
Pro Se

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FIRST-CLASS MAIL

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Southern District of New York  
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New York, N.Y.


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NEW YORK STATE  
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
OFFENDER CORRESPONDENCE PROGRAM

NAME: Edwin Maldonado DIN: 02A6040

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